

nightingale hammerson

GP Medical Report

This form is to be completed by the applicant's own doctor

Private & Confidential

Patient's Name	Date of birth
Address	

Dear Doctor

The above named patient is due to be admitted to a Nightingale Hammerson residential and nursing home. In order that we can safely look after him/her, we need you to send us some information about his/her medical history.

If possible please send a complete computer summary printout. If a computer summary is not available and/or incomplete, then please list:

Date of onset	Significant medical problems	Date of onset	Significant medical problems

Current medication	Date	Current medication	Date

Recorded drug allergies or intolerance

Allergies to furry or hairy animals

What are the main medical and/or social issues which now necessitate care in a residential or nursing home setting?

Mobility

Is the applicant able to mobilise?

Unaided

With the assistance of one other

With the assistance of two others

Does the applicant have any walking aids (please advise) ?

Does the applicant use a wheelchair?

Any other background information it would be helpful for us to know

In the interests of patient safety he/she will not be admitted to Nightingale Hammerson until we have your medical report

GP Signature..... Date:

Name of GP:

Address:

.....

Tel:

Email:

GP Stamp

**Please return to Residents Services,
Nightingale Hammerson, 105 Nightingale Lane, London SW12 8NB**

Tel 020 8673 3495

Fax 020 8675 2258

Nightingale Hammerson – Registered Charity 207316